

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/033,427
Filing Date	December 27, 2001
First Named Inventor	Olivier Theytaz
Group Art Unit	2629
Examiner Name	Leonid Shapiro
Attorney Docket Number	19414-06075

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment. Client has requested files be transferred.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Law Office of Deepti Panchawagh-Jain Attn Christine Hartness				
Address	Intellevate LLC – Patent & Trademark Services				
Address	900 Second Avenue South, Suite 1700				
City	Minneapolis	State	MN	Zip	55402
Country	USA				
Telephone	(612) 236-9990	Fax	(612) 677-3572		

- ☐ This request is made on behalf of myself and  
☐ all the attorneys/agents of record,  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number 758  
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Rajiv P. Patel
Signature	/Rajiv P. Patel/
Date	January 2, 2007

*NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*